

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Koji ERIGUCHI, et al.

Serial No.: 09/610,640

Filed: July 05, 2000



Customer Number: 20277

Confirmation Number: 5513

Group Art Unit: 2825

Examiner: CARIDAD EVERHART

For: APPARATUS AND METHOD FOR OPTICAL EVALUATION, APPARATUS AND METHOD FOR
MANUFACTURING SEMICONDUCTOR DEVICE, METHOD OF CONTROLLING APPARATUS FOR
MANUFACTURING SEMICONDUCTOR DEVICE, AND SEMICONDUCTOR DEVICE

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ No additional fee is required.
☐ Applicant is entitled to small entity status under 37 CFR 1.27
☐ Also attached:

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TEC

The fee has been calculated as shown below:

| | NO. OF CLAIMS | HIGHEST PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | FEE |
|---------------------------------|------------------|-----------------------------------|-----------------|-----------|--------|
| Total Claims | 5 | 103 | 0 | \$18.00 = | \$0.00 |
| Independent Claims | 2 | 24 | 0 | \$86.00 = | \$0.00 |
| Multiple claims newly presented | | | | | \$0.00 |
| Fee for extension of time | | | | | \$0.00 |
| Total of Above Calculations | | | | | \$0.00 |

- ☐ Please charge my Deposit Account No. 500417 in the amount of \$0.00. An additional copy of this transmittal sheet is submitted herewith.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 500417, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

MCDERMOTT WILL & EMERY LLP


 Michael E. Fogarty
 Registration No. 36,139

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TECH CENTER 2800

600 13th Street, N.W.
 Washington, DC 20005-3096
 202.756.8000 MEF:rrh
 Facsimile: 202.756.8087
 Date: August 3, 2004



Country Application

15-Oct-02

Client-Matter: 043889-0951 **Country:** US **SubCase:** A00
Family Number: 043889-0669 **United States of America**
Case Type: DIV **Application Status:** Pending
Application Number: 09/610,640 **Filing Date:** 05-Jul-2000
Patent Number: **Issue Date:**
Publication Number: **Publication Date:**
Priority Number: 08/965,892 **Priority Date:** 07-Nov-1997
Tax Schedule: LE **Expiration Date:**
Reel & Frame: **Tax Start Date:**
Group Art Unit: 1763 **ClientRef:** PM3-C-7F30
Agent:
Agent Reference Number:

List Of User Actions

Action(s) Due

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ECR CENTER 2000

Applicant: Koji ERIGUCHI, et al. Docket No. 43889-951

Title: APPARATUS AND METHOD FOR OPTICAL EVALUATION, APPARATUS AND METHOD FOR MANUFACTURING SEMICONDUCTOR DEVICE, METHOD OF CONTROLLING APPARATUS FOR MANUFACTURING SEMICONDUCTOR DEVICE, AND SEMICONDUCTOR DEVICE Serial/Reg./Patent No. 09/610,640

Date Sent: 10/15/2002 ☐ Hand Carried ☐ Fax ☐ Electronic ☐ Cert. of Mailing ☐ Express Mail No. _____

☐ Transmittal Letter

New Patent App ☐ Utility ☐ Design ☐ Cont. ☐ CIP ☐ Div. ☐ PCT ☐ CPA ☐ RCE ☐ Prov

☐ Other: _____

_____ pages of Specification
_____ pages of Claims
_____ pages of Abstract
_____ pages of Formal/Informal Drawings

☐ Small Entity ☐ Large Entity

☐ Declaration/Power of Attorney

☐ Recordation of Assignment/Security Agreement

☒ Information Disclosure Statement

Form PTO 1449

12 copies of cited references

☐ Response to Missing Parts Notice

☐ Resp. to Notice to Correct App. Papers

☐ Certified Copy of Priority Doc.

☐ Claim for Convention Priority

☐ Response/Amendment to Office Action of _____

☐ Request for _____ month Extension of Time

☐ Letter submitting _____ pages of drawings

☐ Req. for Approval of Drawing Amendments

☐ Req. for Oral Hearing

☐ Not. of Appeal ☐ Appeal Brief ☐ Reply Brief

☐ Rule 312 Amendment/Letter

☐ Req. for Acknowledgement of Cited Art

☐ Issue Fee

☐ Publication Fee

☐ Req. for Certificate of Correction

☐ Maintenance Fee for _____ years after grant

☐ Fee Address Indication Form

☐ Petition to Commissioner

☐ Status Inquiry

☐ Other



| | | | | | | | | | |
|--------------|---|---------------------------|--------|------------|-----|---------|------|--------------|----------|
| Check for \$ | <input type="checkbox"/> Charge Deposit | Acct.[deposit_account] \$ | 180.00 | Atty Init. | MEF | Tkpr. # | 3328 | Secy. or PL: | MMNewman |
|--------------|---|---------------------------|--------|------------|-----|---------|------|--------------|----------|